TRANSPORTER

State of California-Health and Welfare Agency Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Information in the shaded areas Manifest 1. Generator's US EPA ID No. 2. Page 1 UNIFORM HAZARDOUS Document No is not required by Federal **WASTE MANIFEST** of law. Generator's Name and Mailing Address A.State Manifest Document Number 84924210 Dougles Aircraft Company 190th & NormandiemAVE. Torrance, CA 90502 B.State Generator's ID Generator's Phone (213) 533-6677 Transporter 1 Company Name 6. US EPA ID Number C.State Transporter's ID D.Transporter's Phone 213 535 0 5 0 8 0 6 8 Oil Process Co. -BOS 3 US EPA ID Number E.State Transporter's ID 7. Transporter 2 Company Name F.Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID 10 Casmalia P.O. Box E, NTU Road CAD020748125 Casmalia, CA. 93429 H.Facility's Phone I.C. A. D. O. 2. O. 7. 4.8.1.2.5 12.Containers 13. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Unit Waste No. No. Type Wt/Vo N E Waste alkaline liquid NOS Corrosive - NA1719 001 TT 04500 G 123A b. 0 c. d. Additional Descriptions for Materials Listed Above K.Handling Codes for Wastes Listed Above Solid* Magesium Hydroxide Water Silicon Oxide *Chromac Hydroxide 25.% Calcium Hydroxide Aluminum Hydroxide 5:% 15. Special Handling Instructions and Additional Information Guide #60 Use gloves, goggles, respirator- May cause severe irritation to skin and eves.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Printed/Typed Name Donald C Gerber Signature

Date Month Day Year . 2 [3 .] Date

17. Transporter 1 Acknowledgement of Receipt of Materials

Signature

Month Day Year 1·7 | 27 |

18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name

Signature

Date Month Day Year

19. Discrepancy Indication Space

Printed/Typed Name

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. #67325-25,960 lbs.

Printed/Typed Name

Signature

Date Month Day Year

CASMALIA RESOURCES Paulette Hopkins

12 | 31 8.5

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A	UNIFORM HAZARDOUS 1. Generator's US WASTE MANIFEST		inifest ment No.	2. Pa	ge 1 Informa is not law.		ne shaded areas ed by Federal	
	3. Generator's Name and Mailing Address AD 4 8 8 8 1 0 0 0 8 AD Dougles Aircraft Company				te Manifest D 492421 te Generator's	.0	t Number	
	. Transporter 1 Company Name 6. US EPA ID Numb				te Transporter		336//	
	011 Process Co. C A D 0 5 0 8 0 6				nsporter's Pho		3 585-5 063	
	7. Transporter 2 Company Name 8.	US EPA ID Numi						
	9. Designated Facility Name and Site Address 10. US EPA ID Number Casmalia P.O. Box E,NTU Road Casmalia, CA. 93429				G.State Facility's ID H.Facility's Phone			
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) No.				13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
G = Z = R	a. Waste alkaline liquid NOS Corrosive - NA1719			11	04500	G	123	
A T O R	b							
1	C.							
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	d.							
2 4 0	J. Additional Descriptions for Materials Listed Above K.Handling Codes for Wa					or Wast	es Listed Above	
	Solid* 9.% Magesium Hydroxide 2.% Water 91:\$ Silicon Oxide 2.% *Chromac Hydroxide 25.% Calcium Hydroxide 7.% Aluminum Hydroxide 5:% 5. Special Handling Instructions and Additional Information Guide #60 Use gloves, goggles, respirator- May cause severe irritation to skin and eyes.							
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V	Printed/Typed Name Donald C Gerber Signature			774 V.			Month Day Year	
T	17. Transporter 1 Acknowledgement of Receipt of Materials						Date	
RANS	Printed/Typed Name AND AND AND Signature						Month Day Year	
POR	Transporter 2 Acknowledgement of Receipt of Materials			erion.		Date		
T E R	Printed/Typed Name Signature						Month Day Year	
19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in								
اکتب	Item 19.					Date		
Y	Printed/Typed Name Signature						Month Day Year	